Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project

Advisory Group and Interested Parties

FROM: John Pandiani, Sheila Pomeroy, Christine Van Vleck, and Monica Simon

DATE: March 28, 2003

RE: Involuntary Inpatient Care: 1990 – 2002

The attached graphs provide an overview of non-forensic involuntary inpatient psychiatric care provided in Vermont during January 1990 through December 2002. Data on involuntary inpatient mental health services for the 19 calendar quarters before the advent of involuntary hospitalization in community hospitals is included to provide a context in which the 33 calendar quarters of expanded involuntary inpatient care may be considered. Three measures of the utilization of involuntary care are provided: episodes of care, patient days, and individuals served. These measures are provided for the Vermont State Hospital (VSH) and for designated community hospitals. The designated community hospitals include Fletcher Allen, Central Vermont Hospital, Rutland Regional Medical Center, the Windham Center, and the Brattleboro Retreat.

An episode of involuntary care in a community hospital is defined by an order for emergency examination and includes all hospital days until a conversion to voluntary or a discharge. An episode of involuntary care in VSH is defined by a patient's legal status on admission and includes all days in residence during the reporting quarter. This analysis includes all admissions for emergency examination, admissions under a warrant for immediate examination, revocations of conditional release or order of non-hospitalization, and other non-forensic involuntary legal status. Hospital stays following voluntary admissions or forensic admissions to VSH are not included in this analysis. Data used in this analysis were obtained from the DDMHS Emergency Examination Database and the Vermont State Hospital Database.

As you will see, episodes of involuntary inpatient care in the Vermont State Hospital were decreasing somewhat during the period before involuntary hospitalization in community hospitals. During this period involuntary episodes decreased at a rate of 2.9 episodes per quarter (p < .001). The total number of episodes (including both VSH and community hospitals) since that time, however, has increased slightly (0.5 episodes per quarter, p < .05).

The number of VSH involuntary patient days was decreasing at a rate of 194 days per quarter (p < .001) during the period before involuntary hospitalization in community hospitals. The total number of patient days (including both VSH and community hospitals) has continued to decline since that time, although at a slower rate (41 days per quarter; p < .001).

Finally, the total number of people who received involuntary inpatient care each quarter decreased at a rate of 2.8 people per quarter (p < .001) during the period before involuntary hospitalization in community hospitals. The total number of people with involuntary inpatient in VSH and/or community hospitals has not changed at a statistically significant rate (0.2 people per quarter, p=.30) since the advent of involuntary treatment in community hospitals.

We will appreciate your comments and suggestions regarding the form and content of this report. We plan to publish similar reports periodically in the future. We will also appreciate any requests for further analysis of these data that you may have. Please forward your comments, suggestions, and requests to pip@ddmhs.state.vt.us or 802-241-2638.





